



Folsom Lake College Alumni Association

MEMBERSHIP APPLICATION

NAME _____

MAILING ADDRESS:

Street _____ P.O. Box _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail Address _____

Year Graduated: _____ **Field of Study** _____

Campus: Main El Dorado Center Rancho Cordova Center

PRESENT EMPLOYMENT:

Job Title _____

Company Name _____

Business Address _____

City _____ State _____ Zip Code _____

OTHER DEGREES OR CERTIFICATES (PLEASE INDICATE SCHOOL AND YEAR OF COMPLETION):

SCHOOL YEAR OF COMPLETION

Would you be interested in serving on an Alumni Association Committee? Yes No

If yes, please check the committee(s) that would interest you:

Special Activities Governing Board Annual Fund Newsletter Marketing Awards & Scholarships

What type(s) of alumni activities would you be interested in?

Music & Theater Events Networking events Lectures Professional enrichment Alumni Dinner

Other (please specify) _____

Comments, suggestions, ideas: _____

Signature _____ **Date** _____

Thank you very much for your interest in the Alumni Association of Folsom Lake College. Please return the completed form along with the \$20.00 annual membership fee to the **Advancement Office, Folsom Lake College, 10 College Parkway, Folsom, CA 95630**. *Fee is waived for first year of membership.*

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